



Testimony Before the Connecticut General Assembly Appropriations Committee Regarding Governor Malloy's Proposed Budget and Impact on Tobacco Use Prevention and Control in Connecticut

On Behalf of the National Physicians Alliance and The American College of Physicians March 6, 2015

We want to thank the Chairs and Members of the Appropriations Committee for their careful consideration of the Governor's proposed budget. We write to you today as primary care physicians and as members of the Steering Committee of the Connecticut Chapter of the National Physicians Alliance, a national organization with a strong Connecticut presence representing physicians across specialties committed to improving the health of our patients, and the Connecticut Chapter of the American College of Physicians, the largest specialty organization in the country. We are deeply concerned about the proposed elimination of the \$12 Million annual transfer from the Master Tobacco Settlement to the CT Tobacco and Health Trust Fund (THTF) in both FY 2016 and 2017. This \$24 Million change in allocation of the funds would leave the THTF with a zero balance and bring to a halt most Tobacco Prevention and Control activities, initiatives, and programs in Connecticut. The plan also includes reducing the THTF transfers by 50% when they are reinstated in 2018. According to the Master Settlement, these funds were specifically allocated to the states to support "tobacco related public health measures," but unfortunately, Connecticut has a long history of diverting these funds for other purposes.

Every day in our offices, hospitals, and emergency rooms, we physicians spend a great deal of time and effort helping our patients to quit smoking. In Connecticut, 480,000 adults, more than 1 out of every 6 citizens, still uses some form of tobacco, with 4,900 adults in Connecticut dying from this addiction each year. The majority of patients want help quitting and what we have to offer works. This is one of the areas where there are clear and effective treatments which we can offer. Just as importantly, these treatments are cost-effective. According to the Campaign for Tobacco Free Kids, the return on investment estimates ranges from \$1.25 - \$3.71 for every dollar spent on cessation programming. The average cost of cessation services in Connecticut per client from 2013-2014 was \$966. This number pales in comparison to the health care cost and productive savings per smoker who quits, which is estimated to be \$7,528.

Comprehensive tobacco control programs funded at the level recommended by the Centers for Disease Control and Prevention would help reach at least 25,000 additional Connecticut tobacco users each year, generating over \$20 million in savings from averted healthcare and lost productivity costs as more tobacco users quit. Fully funded tobacco control programming would also keep more than 25,000 youth from becoming tobacco users over a 10 year period, saving more than \$3.4 billion in averted tobacco related healthcare costs in the state (University of North Carolina, Chapel Hill, Tobacco Prevention Evaluation Program).

Although not as compelling and recent as such health concerns as Ebola, tobacco remains the big killer and destroyer of lives in Connecticut. Let's keep our priorities straight. Second-hand smoke still causes lung disease in children in our communities. A recent study showed that tobacco smoking is associated with deaths from a 14 additional diseases beyond those already known to be related to smoking. These include kidney failure, pancreatic cancer, breast cancer, prostate cancer, infections, and others accounting for tens of thousands of additional deaths of Americans from smoking each year. The financial costs to the state are huge as well, but could be less. Tobacco-caused health costs in Connecticut top \$2 billion annually, including \$520.8 million in state Medicaid costs. We have effective treatments that work and that can save the state money.

Please restore the transfer of funding CT Tobacco and Health Trust Fund. It is the right thing to do.

Respectfully,

Julie R. Rosenbaum, MD, FACP

Julin Rosaha

For the National Physicians Alliance

Robert J. Nardino, MD, FACP

To ardino and

Governor, American College of Physicians CT Chapter